

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000000237

**Entity Name:** SIGNET FINANCIAL MANAGEMENT, LLC

**Current Principal Place of Business:**

400 INTERPACE PARKWAY  
BLDG. C - 2ND FLOOR  
PARSIPPANY, NJ 07054

**Current Mailing Address:**

400 INTERPACE PARKWAY  
BLDG. C - 2ND FLOOR  
PARSIPPANY, NJ 07054 US

**FEI Number:** 27-0854909

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ETTER, KENNETH M  
Address 400 INTERPACE PARKWAY  
BLDG. C - 2ND FLOOR  
City-State-Zip: PARSIPPANY NJ 07054

Title MGR  
Name YASHIN, EVGENIY Y  
Address 400 INTERPACE PARKWAY  
BLDG. C - 2ND FLOOR  
City-State-Zip: PARSIPPANY NJ 07054

Title MGR  
Name TUTTLE, STEPHEN  
Address 400 INTERPACE PARKWAY  
BLDG. C - 2ND FLOOR  
City-State-Zip: PARSIPPANY NJ 07054

Title MANAGER  
Name HIRSCH, SHAWN  
Address 400 INTERPACE PARKWAY  
BLDG. C - 2ND FLOOR  
City-State-Zip: PARSIPPANY NJ 07054

Title CFO  
Name SQUIER, LAURA  
Address 400 INTERPACE PARKWAY  
BLDG C FLR 2  
City-State-Zip: PARSIPPANY NJ 07054

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURA SQUIER

**CHIEF FINANCE OFFICER** 04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date